



PTO/SB/23 (11-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(b)

Docket Number (Optional)
FA1114 US NA

In re Application of Harald Kloeckner et al.

Application Number 10/716,804

Filed November 18, 2003

For Process For Repairing Coatings

Art Unit 1762

Examiner Jennifer Kolb Michener

This is a request for an extension of time of One Month (days), (weeks), (months) under 37 CFR 1.136(b) in this pending application. An extension of time is not available in this application under the provisions of 37 CFR 1.136(a); however, additional time to respond may still be granted under the patent statute. The petition fee under 37 CFR 1.17(g) is required. The reasons for requesting the extension of time are the following:

Signature

Gail A. Dalickas

Typed or printed name

Process For Repairing Coatings

Title

January 5, 2005

Date

40,979

Registration Number

(302) 984-6282

Telephone Number

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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01/11/2005 EFLORES 00000155 041928 10716804

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

Complete If Known

Application Number	10/716,804
Filing Date	November 18, 2003
First Named Inventor	Harald Kloeckner
Examiner Name	Jennifer Kolb Michener
Group / Art Unit	1762
Attorney Docket No.	FA1114 US NA

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit
Account
Number

04-1928

Deposit
Account
Name

E.I. du Pont de Nemours and Company

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	1000	201	500	Utility filing fee	
106	430	206	215	Design filing fee	
107	660	207	330	Plant filing fee	
108	1400	208	700	Reissue filing fee	
114	200	214	100	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	-20	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3	=			
Multiple Dependent		X			

Large Entity **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	50	203	25	Claims in excess of 20	
102	200	202	100	Independent claims in excess of 3	
104	360	204	180	Multiple dependent claim, if not paid	
109	200	209	100	** Reissue independent claims over original patent	
110	50	210	25	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	120	215	60
116	450	216	225
117	1020	217	510
118	1,590	218	795
128	2,160	228	1,080
119	500	219	250
120	500	220	250
121	1000	221	500
138	1,510	138	1,510
140	500	240	250
141	1,500	241	750
142	1,400	242	700
143	800	243	400
144	100	244	550
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	790	246	395
149	790	249	395
179	790	279	395
169	900	169	900

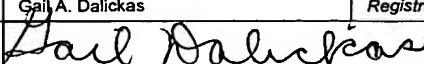
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 120.00)

SUBMITTED BY

Name (Print/Type)	Gail A. Dalickas	Registration No. Attorney/Agent)	40,979	Telephone	(302) 984-6282
Signature					Date January 5, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Alexandria, VA 22313-1450.